Student Request for SPE Rescore	
From (Student):	
To (Clerkship Director):	Clerkship:
Date of request:	_
Date of SPE:	
I request that the	Clerkship rescore my summative Standardized Patient Examination (SPE).
1. I have reviewed the Standardized Patier here: <a href="https://upstate.ellucid.com/docume">https://upstate.ellucid.com/docume</a>	nt Exam Regrade Policy COM-49 from the Upstate COM Policy Manual, located <a href="https://nts/view/11401">nts/view/11401</a>
2. I attest that I understand the following p	points of the COM 49 policy:
A. "Requests for review or rescori	ng could result in scores being unchanged, raised, or lowered."
B. Request must be related to a "s	pecific question or concern."
My specific question or concern is	:
· · · · · · · · · · · · · · · · · · ·	ou request a rescore and fill in the scenario name.
The post-encounter note s	scored by clerkship faculty. (This would be reviewed by the clerkship director.)
The history and physical ex	xam checklist scored by the standardized patient. (This would be reviewed by
SPE scenario #2 name	
The post-encounter note s	scored by clerkship faculty. (This would be reviewed by the clerkship director.)
The history and physical ex	xam checklist scored by the Standardized Patient. (This would be reviewed by
5. I understand that "after review, I will be	notified of the result by the clerkship director."
Signed:(Student)	Date:
(Student)	

SPE Rescore Request DRAFT. Author: Susan Barbour; ref. College of Medicine Policy Manual COM-49. Date: 9/14-23.

## To: SP Program Date: \_\_\_\_\_\_ request for review of their SPE score. I decline to rescore their SPE. I agree to rescore their PEN scoring rubric for the following scenarios: I request that the SP Program staff rescore the SP H&P checklist for the following scenario(s): Signed: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ (Clerkship Dir.)

**Clerkship Request for SPE Rescore**